

Kentucky Department for Environmental Protection
Division of Waste Management
Appropriate Regional Office
Visit : <http://waste.ky.gov/ust> to identify the
appropriate regional office for your county

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DO NOT WRITE IN THIS SPACE

DRAFT

Notice of Intent to Install Underground Storage Tank or Piping

Date Form Completed	/ /		
1. UST Facility Information			
Agency Interest Number (AI)			
UST Facility Name			
UST Facility Physical Address	Street Address:		
	City:	County:	Zip Code: -
2. UST System Owner Information			
UST System Owner Name			
UST System Owner Mailing Address	Street Address:		
	City:	State:	Zip Code: -
UST System Owner Contact Information	Phone: () -	Email:	
3. Installation Information			
Type of Installation	<input type="checkbox"/> Tank Only <input type="checkbox"/> Tank & Piping <input type="checkbox"/> Entire Piping Run*		
	*If greater than 50% of the piping is removed then the entire piping run must be replaced.		
	Select if appropriate for tank installations: <input type="checkbox"/> Manifold <input type="checkbox"/> Siphon		
Number of Tanks			
Number of piping runs or length of piping			
Installation Date Scheduled	/ /		
State Fire Marshal Permit Number			
4. SFMO¹ Certified Installer Information			
SFMO Certified Installer Name		License Number	
SFMO Certified Installer Contact Information	Phone: () -	Email:	
5. Signature			
Title			
Printed Name			
Signature		Date	/ /
Check appropriate box: <input type="checkbox"/> UST Owner <input type="checkbox"/> UST Operator <input type="checkbox"/> UST Installer <input type="checkbox"/> Other (specify): _____			
If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at http://waste.ky.gov/ust . For copies of facility records please visit http://eec.ky.gov/pages/openrecords.aspx or email DEP.KORA@ky.gov .			

¹ SFMO – State Fire Marshal's Office